CHILDREN'S MEDICAL CENTER

1953-1955 · BOSTON

THE CHILDREN'S HOSPITAL

INFANTS' HOSPITAL

CHARITABLE SURGICAL APPLIANCE SHOP

THE HOSPITAL AND CONVALESCENT HOME FOR CHILDREN

ASSOCIATION OF THE HOUSE OF THE GOOD SAMARITAN

THE SHARON SANATORIUM

THE CHILDREN'S MISSION TO CHILDREN

CHILDREN'S CANCER RESEARCH FOUNDATION, INC.

JUDGE BAKER GUIDANCE CENTER

PACE

REPORT FOR THE FISCAL YEARS 1953·1955

CHILDREN'S MEDICAL CENTER

The Children's Hospital
Infants' Hospital
Charitable Surgical Appliance Shop
The Hospital and Convalescent Home for Children
Association of the House of the Good Samaritan
The Children's Mission to Children
Children's Cancer Research Foundation, Inc.
The Sharon Sanatorium
Judge Baker Guidance Center

BOSTON

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CHILDREN'S MEDICAL CENTER

This report is designed to give a brief overall report of the principal activities of the Children's Medical Center throughout two fiscal years. It does not pretend to take the place of the more detailed annual reports prepared by the individual affiliated units themselves.

THE CHILDREN'S MEDICAL CENTER was established in 1946 by affiliations of existing institutions engaged in various areas of service to children to achieve the complete care and treatment of children by broadening the scope of the services available.

Each of the affiliated institutions has preserved its identity within the framework of the Children's Medical Center. Each has retained freedom of action and control of its own finances through its own board of trustees. A large measure of the success of the Children's Medical Center can be laid to the fact that it is an association which has relied more on the integrating force of common interest than on the letter of written agreements.

THE CHILDREN'S HOSPITAL, with Infants' Hospital and The Charitable Surgical Appliance Shop, provided the nucleus around which the Children's Medical Center was formed. Founded in 1869, at a time when the novel concept of a special hospital for children was regarded with local professional misgivings, The Children's Hospital was located variously on Rutland Street, Washington Street and Huntington Avenue until 1914 when the move to the present site at 300 Longwood Avenue was completed.

INFANTS' HOSPITAL was established in 1881 as a development of the old West End Nursery and Hospital. It moved in 1914 to the building now occupied by the Harvard School of Public Health when The Children's Hospital moved to Longwood Avenue. In 1923 the two hospitals began to function virtually as a unit.

THE CHARITABLE SURGICAL APPLIANCE SHOP for seventy years, since it was founded in 1884, has been an important factor in the orthopedic services of The Children's Hospital.

THE HOSPITAL AND CONVALESCENT HOME FOR CHILDREN was founded in 1874 by the Ladies Aid Association of The Children's Hospital to give long term care to children who did not require full hospital attention. In 1948, one of the smaller buildings was converted into a nursery training school for children with cerebral palsy. In 1950, the Mary MacArthur Respirator Unit was developed at Wellesley in cooperation with the National Foundation for Infantile Paralysis in memory of the daughter of Helen Hayes, the world famous actress.

THE ASSOCIATION OF THE HOUSE OF THE GOOD SAMARITAN was established in 1860 through the personal efforts and generosity of Miss Anne Smith Robbins for long term care of the sick. For more than twenty years attention has been concentrated exclusively on rheumatic fever and valuable research and teaching are carried out in the area of the disease.

THE CHILDREN'S MISSION TO CHILDREN was founded in 1849, by a group of Unitarian Sunday School children. Non-sectarian from the outset, for more than a century the Mission has pioneered in foster home care of children and in 1949 joined the Medical Center.

THE CHILDREN'S CANCER RESEARCH FOUNDATION was organized in 1948 as an independent and supporting research institution. By agreement the Foundation is affiliated with The Children's Hospital and the Children's Medical Center. Major financial support for the Foundation itself comes from the Jimmy Fund, which is sponsored by the Variety Club of New England, the moving picture industry, the Red Sox Baseball Club, the Massachusetts Chiefs of Police Association, and many other prominent organizations and individuals too numerous to mention.

The splendid Jimmy Fund Building houses a magnificent clinic for children with cancer; four floors are devoted to research laboratories designed

for the scientists and doctors who use the techniques of physics, the several kinds of chemistry, biology, experimental pathology, pharmacology, and physiology applied to the problems of incurable disease in the young.

THE SHARON SANATORIUM, founded in 1891, pioneered in out-door treatment of rheumatic fever. In 1950 when new floors were added to Building C of The Children's Hospital, one of them was paid for by the Sharon Sanatorium and a unit was formed which was designated the Sharon Cardiovascular Unit.

THE JUDGE BAKER GUIDANCE CENTER was founded in 1917 as a specialized guidance clinic,—an agency to aid the Boston Juvenile Court. In the intervening years, the Judge Baker Guidance Center has developed as a general child psychiatric clinic.

A unit of the Children's Medical Center since October 1, 1953, it will soon occupy a new building now in process of construction on a site adjacent to The Children's Hospital. Provided through the generosity of the Hiram Edward Manville Foundation of New York, it will be designated the Manville Building.

Two Years

1953–54
1954–55

The long history of the affiliated units of the Children's Medical Center can show no more important years than those two which have just passed. The achievements of the staff were recognized with high honors, both national and international, to a degree without precedent in the experience of this Hospital and perhaps of any hospital anywhere. The rapid progress of the great Children's Hospital building and the start on the new Manville Building for the Judge Baker Guidance Center have opened new horizons in child care and community service. The creation of a full Department of Psychiatry and the important affiliation of the Judge Baker Guidance Center were in that tradition of leadership which has been maintained through more than a century of service to children.

A hundred years is a long time and especially so in terms of medical progress for there can be few fields of human activity in which developments have been so revolutionary or have so changed the course of the lives of men. In the year 1849 when the oldest of our affiliates, The Children's Mission to Children, was founded, medicine was just emerging into the light. Prior to that time, in spite of occasional flashes of brilliant discovery, medical progress had been painfully slow. Yet within twenty-five years, when The Children's Hospital came on the scene, the medical revolution was on the way. The nightmare mortality of childhood was still a grim reality,—mysterious and apparently inevitable, but the new knowledge was beginning to illumine the darkness.

In those medically remote days, people who were well-to-do founded hospitals and supported them generously but did not themselves, as a rule, patronize them. All who could afford it were treated at home and no home cook-book of the day was complete without a substantial section devoted to the care and feeding of the sick. Whether it was a baby or an operation, home was the place to have it. It was the poor, generally, who came then to The Children's Hospital and the charge, when they could afford it and if they were from Boston, was fifty-nine cents a day. Nurses worked a sixty-four-hour week for $15.00 a month. The clinical thermometer had not come into general use and physicians necessarily relied on the evidence of eyes, ears, fingers and nose in making diagnoses. The clinical laboratory was, of course, unknown. By present-day standards, the hospital of that period could offer little more than a place to be sick in.

Fifty years later, when The Children's Hospital moved to 300 Longwood Avenue, the medical revolution had gathered force and speed. It was a stimulating and exciting time when almost nothing seemed medically impossible as more pieces of

the complex puzzle fell neatly into place. The new-won understanding of bacteria and appreciation of the grim effects of dirt and animal pests fostered the new cleanliness which did so much to hasten the plunge in child mortality rates. Pasteurization, sterilization, dietary improvements and the knowledge of vitamins contributed immeasurably to sturdier, happier and more useful lives. The pavilion system, on which the new hospital was organized, was the last word, and infection, if it could not be prevented or cured, could at least be checked by isolation.

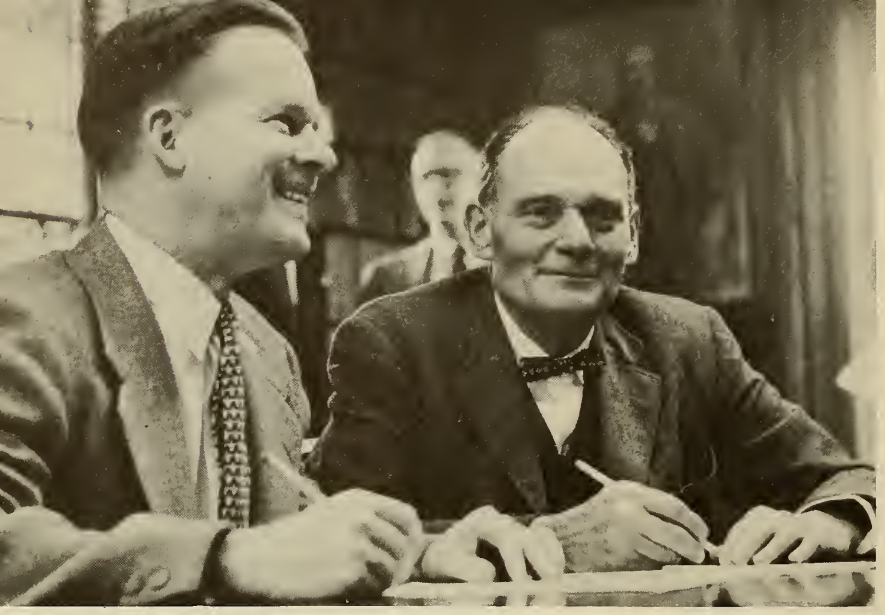
By 1914, the year of the move to Longwood Avenue, the average stay in the hospital had dropped significantly to about twenty-one days. By 1938 it had come down to fifteen days. Today it is about eight, largely because of the ability to control most infection at the outset with antibiotics. As one result, the pavilions at 300 Longwood Avenue, once the only known system of combating infection, lost their chief claim to usefulness.

Very soon, patients will be moved finally into the new building and the last of the pavilions will be razed. There will be nostalgic regrets at their passing despite their inconveniences,—among them the operating suites which seemed to have been planned on the principle that small operating rooms were right for small patients; the stairs connecting the two orthopedic floors up and down which patients in casts had to be carried bodily; the windy length of the connecting corridor. It is worth remembering that some of the greatest triumphs of pediatric medicine and surgery were won within their walls.

The summer months of 1955 were darkened by the polio epidemic which, hitting hard in our community and in Southern New England generally, brought a total of nearly 1200 polio patients to our wards. Taxing staff resources and skill to the utmost, drastic organizational and other measures were taken to cope with the flood of cases. Needless to say the emergency,—for it was no less, was squarely met with skill and selfless devotion on the part of all.

Financially, both the years,—1953–54 and 1954–55, ended on mixed notes. Donations were on a scale greater than ever before. Even more gratifying was the fact that our circle of friends who contribute to our work seems to be widening at a rapid rate and The Children's Hospital appeal launched in 1954, brought gifts from no fewer than 12,000 individual donors. In both years, however, nearly all the affiliated units showed substantial deficits in spite of material economies which were successfully effected in conjunction with arrangements for better patient service.

Unhappily, with a Staff as large as ours, scarcely a year goes by without the necessity of saying farewell to a valued and distinguished friend. On March 19, 1954, The Children's Hospital, as well as the Children's Medical Center as a whole, suffered irreparable loss in the death of Dr. S. Burt Wolbach, Shattuck Professor Emeritus of the Harvard Medical School and Pathologist-in-Chief Emeritus at The Children's Hospital. Dr. Wolbach's work, which he continued almost to the day on which he died, was distinguished by devotion, wisdom and profound scholarship. Association with him was a privilege, and he was an inspiration to all in the Children's Medical Center family.



Dr. Frederick C. Robbins

PRESS CONFERENCE · BOSTON

Dr. Thomas H. Weller and Dr. John F. Enders.
Unfortunately Dr. Robbins could not be present.

STOCKHOLM · DECEMBER 1954

Dr. Thomas H. Weller *Dr. Frederick C. Robbins* *Dr. John F. Enders*

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INVENTAS VITAM IUVET EXCOLUISSE PER ARTES
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Awards and Honors

The Nobel Prize in Medicine to Dr. John F. Enders and his colleagues,—Dr. Frederick C. Robbins and Dr. Thomas H. Weller, was announced in October 1954. This signal honor was in recognition of their achievements in the field of virus research.

Working with the polio virus, Dr. Enders and his team originated and perfected a method for test tube reproduction of that particular virus, —and applicable to reproduction of other viruses. This was an essential first step in reproducing enough of the polio virus for research purposes and eventually, on a far larger scale, in the mass production of a vaccine.

The second achievement, approaching the first in importance, was development of means for quick identification of the particular type of polio in any given case.

Once these things had been accomplished, eventual control of polio and of other virus diseases became a possibility. The first practical development was, of course, the anti-polio vaccine which could not otherwise have resulted so quickly or on such a scale. It now seems only a matter of time before control measures are available for other serious virus diseases such as measles, German measles, mumps and whooping cough and, perhaps, even the common cold.

In addition to the Nobel Prize, the work of these three men was honored with these additional awards:

The Lasker Award of the American Public Health Association to Dr. John F. Enders for distinguished achievement in virus research.

The Passano Award for 1953 to Dr. John F. Enders.

The Mead Johnson Award for 1953 to Dr. Frederick C. Robbins and Dr. Thomas H. Weller.

Other Honors

Other awards recognizing the achievements of the Staff are given in the chronological order in which they were announced:

The Gold Medal of the Pan-American Congress of Otolaryngology to Dr. Carlyle G. Flake and Dr. Charles F. Ferguson, for an outstanding exhibit illustrating their work in Otolaryngology.

The Medal of the 7th International Congress of Pediatrics to Dr. Harry Shwachman and Dr. Sidney Farber for exceptional work in connection with chronic digestive diseases.

The Caldwell Medal of the American Roentgenological Society to Dr. E. B. D. Neuhauser for distinguished work in Roentgenology.

Dr. Neuhauser is the youngest physician to have been recognized in the history of the award.

The Louis Schmidt Award of the Biological Photographic Association to Mr. Ferdinand H. Harding for outstanding achievement.

Mr. Harding, past President of the Biological Photographic Association, and for twenty-six years in charge of the Visual Education Department of The Children's Hospital, has for long been well known for the excellence of his work which is particularly concerned with photographing patients for record purposes, pathological specimens and so on.

The Gold Medal of the Roentgenological Society to Dr. E. B. D. Neuhauser and Dr. Guido Currarino for work in connection with the newly recognized condition,—hypophosphatasia.

The Judd Award for Distinguished Achievement in Cancer Research to Dr. Sidney Farber in recognition of his pioneer work in the treatment of leukemia with synthesized chemical substances.

The Lasker Award of the American Public Health Association to Dr. Robert E. Gross for distinguished achievement in cardiovascular research and corrective surgery.

The William E. Ladd Medal of the American Academy of Pediatrics to Dr. Thomas H. Lanman for his achievements in the field of child surgery.

It was particularly fitting that this medal, named in honor of Dr. Ladd, the great Surgeon Emeritus of The Children's Hospital, should first have been awarded to recognize the work of a pupil and a colleague.

The Moxon Medal of the Royal College of

Physicians to Dr. James L. Gamble for distinguished achievement in observation and research in clinical medicine and specifically for his work in connection with body liquids.

Dr. Gamble, Physician Emeritus of The Children's Hospital, was the second American in history to have won this outstanding honor.

The Award of the National Association of Toy Manufacturers to Dr. Robert E. Gross for services rendered to children.

The Mary Adelaide Nutting Award of the National League of Nursing Education to Miss Stella Goostray, Director Emeritus, The Children's Hospital School of Nursing, in recognition of her singular achievements and contributions to the cause of nursing education.

A New Unit and a New Department

For some time it had become increasingly apparent that if the psychiatric and psychological services were to operate with full effectiveness within The Children's Hospital, there must be a psychiatric department offering services equivalent to those provided by other major departments. Thus, with the beginning of the new 1953–54 Fiscal Year, the Department of Psychiatry was named the seventh major department at The Children's Hospital with Dr. George E. Gardner as Psychiatrist-in-Chief. Simultaneously, the Judge Baker Guidance Center, of which Dr. Gardner is Director, became an affiliate of the Children's Medical Center.

The fact that Dr. Gardner filled a dual role made it possible to reap every benefit from these two important steps and the advantages arising from them soon became apparent in both institutions. Stronger psychiatric organization at The Children's Hospital resulted in better patient service to the benefit of all departments. For patients at the Judge Baker Guidance Center, the availability of the medical and surgical services of The Children's Hospital was of great importance.

Apart from better service to children, opportunities for teaching, training and research have been much improved. For instance, at the Judge Baker Guidance Center since it was founded in 1917, there has always been a strong teaching and training tradition with the result that today, alumni serve with distinction in practically every large city in the country as well as in virtually every country abroad which has child psychiatry services. Thus the affiliation of the Judge Baker Guidance Center immediately opened new opportunies for all connected with the Children's Medical Center.

The newly acquired strength of the psychiatric program soon produced substantial material results benefiting the Children's Medical Center as a whole. Within a month or two of the announcement of the formation of the Psychiatric Department, a five-year research grant in the amount of $251,000 was received by the Judge Baker Guidance Center from the National Institute of Mental Health. Some of the projects under this grant are being carried out in The Children's Hospital.

In November 1954 the public announcement was made of the gift to the Judge Baker Guidance Center of $1,200,000 by the Hiram Edward Manville Foundation of New York, to which was added $10,000 each to The Children's Hospital and the Harvard Medical School,—a total of $1,220,000 in all. This great and generous benefaction was the result of the personal exertion of Mr. H. Edward Manville, Jr. of Gloucester, son of the founder. Having come to the conclusion that the resources of his father's Foundation would be most effectively used as a single major contribution in a selected field, Mr. Manville went to great personal effort to select the field and also the precise agency able to make the best use of so substantial a sum of money.

Work on the new Manville Building was started in the summer of 1955. When it is ready, the Judge Baker Guidance Center will move from its present Beacon Street quarters near the State House to the new location. Occupying a site next to Gardner House, the new building will consist of clinic and offices as well as a residence clinic where patients may be housed for observation and short term treatment.

The move of the Judge Baker Guidance Center to the Longwood Avenue neighborhood will have important and far-reaching results. First and foremost, will be better patient care arising, largely, from savings in staff energy and time which will be reflected in every area of psychiatric activity.

The Passing of an Old Building

Nineteen hundred and fifty-five is the last full year in which medical care of infants will have been given in the old Infants' Hospital building. One cannot pass this occasion by without a nostalgic glance at the past. This building has lived through an extraordinary era of progress in pediatrics and has been the scene of its share of contributions.

Here Dr. Blackfan made his basic studies on the physiological behavior of premature babies. With the help of the group at the Harvard School of Public Health, (located in a building originally built as the Infants' Hospital) some massive and primitive air-conditioning equipment was installed in the basement. It was used to demonstrate the beneficial effects of regulating environmental temperature and humidity in the nurseries above for these infants who had been prematurely forced by an unkind fate to leave the perfectly conditioned environment provided for them by nature.

Another museum piece, in the basement of Infants' Hospital for many years, was the four-child respirator,—an iron room designed by Dr. Drinker and Dr. Wilson, so that a group of children could be cared for by one nurse working inside the submarine-like chamber. This device served its purpose well through several epidemics of poliomyelitis. It has since been displaced by a gaily decorated occupational therapy room, a sign of the modern trend from primary concern with illnesses which threaten life and limb towards those which threaten the psyche.

Through the wards of the old Infants' Hospital building passed a succession of babies, many of them never to return home, with what in the early days of the building were poorly understood and often untreatable conditions. Thanks to many years of study by those who have worked here, through the collaboration of pediatricians, surgeons, radiologists and medical scientists,—notably Blackfan, Gamble, Ladd, Wolbach, Farber, Diamond, Butler and many others, whole series of diseases have been recognized, defined and brought under some measure of therapeutic control.

Case fatality rates for diarrheal dehydration have fallen from 15—20% to 1—2%; for influenzal meningitis from 100% to under 10%. Erythroblastosis fetalis (Rh disease) has been recognized and its treatment, by exchange transfusion, made routine for the house officers. The "celiac-like" diseases have been subdivided, and the life span of children with pancreatic fibrosis, the major subdivision, steadily extended. Congenital anomalies of many types, once considered hopeless, are now being diagnosed promptly and cured by well-trained surgical residents. Babies with subdural hematomas or hydrocephalus, formerly doomed to feeble-mindedness or incapacity, are, today, often given a productive life by neurosurgical skill. One of the unsung heroes of this great advance was the first house officer in the hospital to do a lumbar puncture on a baby, —now an everyday routine. He was soundly squelched for his boldness.

It would be a long list, indeed, which contained the names of all who played a part in these extraordinary changes. Such a list would include many of medical fame as well as house officers, nurses and social workers, who learned their skill in dealing with the ills of small children in the Infants' Hospital and who subsequently put their skill to work for the benefit of children all over the world. Included too, would be the parents who waited patiently in the friendly atmosphere of the Helen Rotch Memorial room through long hours while the life of a baby hung in the balance. Finally, there would be the many fine people who as Directors, Corporation members and donors made the Hospital and its achievements possible.

It is an honorable record of accomplishment in a heroic age when pediatrics moved from its first confused beginnings to a place as one of the major branches of medicine. So much has been accomplished that pediatricians, today, spend over half their time keeping children healthy instead of treating them after they have become ill.

The Directors of the Infants' Hospital showed great wisdom when they moved their hospital into such close physical proximity and organized its operations in such close affiliation with The Children's Hospital. This, the beginning of the Children's Medical Center, has been a very fruitful union.

The next generation of Directors, one hopes and expects, will be able to look back with equal pride and pleasure at the move into the new building, which will be consummated by Spring, 1956. It will bring the Infants' and Children's Hospitals so close that they will form two adjacent sections of the Medical Service area in the new hospital building. From the standpoint of care of our patients, of research, and of teaching this promises to be a very happy and effective arrangement. It will provide the staff with a marvelous opportunity and a challenge to see whether they can match their predecessors' achievements on behalf of children.

The New Building— THE *Children's and Infants' Hospitals*

Just before the beginning of the new fiscal year 1953–54, the Trustees of The Children's Hospital decided to authorize the start of work on their long-projected building. This momentous decision was one which had been awaited with impatience alike by Staff, Trustees, Corporation Members and an army of friends,—all, in fact, who had worked long and given generously to that end. In announcing the trustees' decision Mr. Farley said: "This is the moment to which all of us have looked forward these seven years. . . . During that time our Staff, far and away the most outstanding of any children's hospital in the country, manned our rapidly expanding services in a building probably the worst of any children's hospital in the country. Now, at last, we have started to build."

Although plans had been drawn for a building of eight floors, the maximum permissible under the building code, funds then available seemed sufficient only for the completion of six floors. While confident that resources for the remaining two would be found in due course, the Trustees prudently decided to limit the structure to six floors at the outset.

An appeal launched in December, 1953, which depended to a great extent on a rather widespread mailing, had extraordinary success. With a target figure of half a million dollars with which to build the seventh and eighth floors a total of $625,000 was received, the result of no fewer than 11,500 individual gifts and the last two floors were assured.

As soon as the decision to build was taken, the new structure began to cast its influence on planning and other decisions, just as, within very few months, it threw a very material shadow over the old structures it was designed to replace. In the months which intervened since ground was first broken, progress was never seriously interrupted. Prolonged wet weather and a couple of

hurricanes in the summer of 1954, the exorbitant rain-fall accompanying hurricane Diane in 1955, a cement producers' strike when the whole country was combed for odd car-loads at premium prices in order to maintain the steady rate of progress,—these and other crises like them had little noticeable effect on schedules.

Barring some major set back in the meanwhile, the move into the new building will begin soon after the end of the calendar year 1955 as originally planned. The process of moving will be an extended and rather complicated affair extending over a matter of months for, before the new building can be completed, old structures, at present in full use, must be razed to make way for new construction and at no time can the tempo of the hospital's service be allowed to slacken for a moment.

*The Orthopaedic Service and the surgical suite will be amongst the first to transfer, to make room for the driveway and main entrance to the new building, with other services and departments transferring to their new quarters on a carefully planned schedule. It will probably be June, 1956, before the last of the landscaping is done and the site finally cleared of the inevitable construction debris. Only then will it be possible to describe the new building as fully complete.

Connecting with Building C on every floor, the new building will concentrate under one roof all beds of both Children's and Infants' Hospitals and all surgical and x-ray services as well as auxiliary non-medical services,—kitchen, cafeteria, general store, coffee shop, accounting office and so on. Countless footsteps will be saved by the pneumatic tube system linking all floors of the new building as well as Bader and Building C. Similarly, adequate fast supply service will be augmented by a dumb waiter direct from Central Supply to the Surgical and x-ray suites, as well as to each treatment room in the new section.

With adequate funds in hand to complete the building, the truly major problem of equipment and furniture remained. Although every serviceable item in these categories was to be transferred to the new quarters, it was estimated that essential new purchases would total at least half a million dollars. In December, 1954, with this amount again as the target figure, the public was asked to provide the resources to furnish and equip the new building.

Again the response was magnificent. The resulting total of $514,000 was perhaps not in aggregate as large as the previous year's total which included two or three very substantial gifts which were clearly not to be repeated. Most gratifying however, was the great increase in the number of individual gifts,—no fewer than 12,604, indicating the widening circle of The Children's Hospital's friends.

With building and equipment fully paid for the next fiscal year will mark new criteria of service to the community of children. With the new building in full operation and old quarters modified and refurnished for new uses, all connected with the Children's Medical Center can look towards the future with keen anticipation.

* For technical reasons the move of the Surgical Suite was somewhat delayed.

The Cardiac Services—

A STUDY IN INTEGRATION

In November, 1955 the Sharon Cardiovascular Unit of The Children's Medical Center was five years old. The years which have elapsed since the Trustees voted to affiliate the Sharon Sanatorium as a unit of the Children's Medical Center have been fruitful beyond expectation. They have been marked by a steady and even rapid growth of the cardiac services at the Children's Medical Center,—the Sharon Cardiovascular Unit and the Cardiology Service of the Children's Hospital. Each has been a source of great strength to the other. The former, with a total of eighteen beds, equally divided between medicine and surgery for cases of congenital heart disease, is admirably complemented by the latter with responsibility for the Cardiac Clinic of The Children's Hospital Out-Patient Service.

The two in conjunction have provided a study in close integration which has resulted in patient service not duplicated in New England and un-

surpassed anywhere in the country. Statistically, the story of growth is, to say the least, impressive. Comparing 1950 and 1955 the number of patient visits at the Cardiac Clinic has almost doubled (from 800 to 1568), and the number of cardiac catheterizations has multiplied by four. In areas of bed care, the fact that all the beds of the Sharon Cardiovascular Unit were surrendered for three months of 1955 during the worst polio epidemic in the history of the Commonwealth to the care of patients with infantile paralysis, is reflected in the overall figures. However, an extension, for comparison's sake, of the in-patient figure for nine months of 1955 gives a theoretical total for the year of about 560, more than double the in-patient figure for 1950. Cardiac operations were similarly affected by the polio emergency, but here again, there is a striking increase,—the theoretical total of operations for 1955 being about 275 as compared with 182 five years ago.

Statistics, however, tend to conceal the human values of the story. There have been blue babies brought to us from far away as the last resort. In our cardiac clinic, there have been patients of many years standing who, at long last, became eligible for surgery or definite investigative procedures. Many of them, as a result, graduated to almost normal living conditions. Still others have come to us with rare conditions, sent by former members of our staff.

On the other hand, there have been days and even weeks which were dark. It was necessary to remember that here was a group of individuals with severe enough disease to involve a relatively high percentage of losses. There was great comfort, however, to be gained from the wonderful understanding and appreciation of the parents of those children who could not be saved. The gifts which sometimes reach us in memory of such children are deeply appreciated far and beyond their actual monetary value for the message of hope for others they convey.

A particularly satisfying feature of the Cardiac Services has been the number of young men and women, always of great competence and often of brilliancy, who have trained at the Children's Medical Center and who have often stayed for extended periods. Many of these individuals have come from distant states and also from abroad. When they have left us to return home, they have carried away with them the knowledge, the skills, and the techniques which they have learned with us. Seattle, Buffalo, Lexington, Ky., Lima, Manila, Johannesburg . . . the list of places which have benefited is a long one and, today, a South African, a Swiss and a New Zealander are valued members of the Staff.

There is a spirit in the cardiac services of the Children's Medical Center which must be hard to equal in any hospital anywhere. That expert and efficient service need not necessarily become impersonal is shown by the attitude of the nurses towards their small patients. They are friends of the children and their parents. Not only do they take care of them while in the hospital, but they are just as apt to stay with them at their hotel room for the first one or two nights after they have left the hospital or to drive them out to the airport when they leave for home.

Teaching and research go hand in hand with unsurpassed service to patients. Five years ago, there was but one hour per week of formal teaching in cardiology at the Children's Medical Center. For the last year, teaching has averaged ten hours per week and in addition to students from Harvard Medical School has included graduate students, house officers and fellows in cardiology not only from our own but from other great Boston hospitals. In research, the long and growing list of publications in surgical, cardiac and pediatric journals speaks for itself.

In electing affiliation with the Children's Medical Center, the Trustees of the Sharon Sanatorium took a bold step: It involved a drastic change in policy. Today, five years later, it has been more that justified by events.

Research

A striking phenomenon of recent years has been the extraordinary growth in research programs. Only ten years back, in 1945, expendable research grants did not amount to fifty thousand dollars. Less than a decade later, throughout the two year period now under review, there were always between seventy and eighty major laboratory research projects in progress at a rate approaching one and three quarter million dollars a year.

Cancer research under Dr. Sidney Farber received the largest research grants made to the Children's Medical Center and its affiliates. This support comes from the Jimmy Fund to the Children's Cancer Research Foundation and from the National Cancer Institute of the United States Public Health Service.

About half of the total funds for laboratory research originated with various departments and agencies of the Federal Government, notably the National Institutes of Health, which supported a wide variety of research projects in a number of fields. The Army and the Atomic Energy Commission provided the funds for more specialized research projects connected with their particular interests. The former, for instance, supported a measles study and investigation of plasma substitutes, while the Atomic Energy Commission was interested, among other things, in research in aplastic anemia, a condition which sometimes occurs in normal life but which can also result from exposure to radio-active fall-out.

The next largest group of research funds came from various specialized voluntary health agencies such as The National Foundation for Infantile Paralysis, The National Foundation for Muscular Dystrophy, The United Cerebral Palsy Association and so on. The remainder originated from a number of sources which included such generous supporters as the Charles H. Hood Dairy Foundation and the Godfrey M. Hyams Fund of Boston, as well as other agencies of various kinds, industries engaged in the drug and related fields, and individual donors. In the last category, at least one individual single-handedly continues to support a considerable research effort in an area in which he had a direct family interest.

The research program was, and is, regarded as an essential function of the Children's Medical Center. It is only through research, both of the clinical variety and in the laboratory, that medical progress can be made and without it medical progress would automatically come to a standstill.

The question is sometimes asked whether research costs are passed on to the patient by including them in the cost of patient care. The answer, of course, is an emphatic "No." Research costs, in any shape or form, are filtered out and any part of them not met by outside sources are paid from endowment or other income.

The John A. Hartford Foundation of New York in August 1955 made a three year grant to The Children's Hospital of $180,000 for bed-research-care in the field of blood studies. This important appropriation enables The Children's Hospital to support four patients and to provide care for certain patients for the length of time necessary to carry out complex and time-consum-

ing tests. It would be difficult to over-emphasize the importance of this type of grant which indicates a keen appreciation of the realities of medical science and research on the part of the donor.

Resources are generally available for worthwhile laboratory projects but no research project can be regarded as complete until it can be carried to the bedside of the patient. It is at this point that resources are hard to come by. The grant of The John A. Hartford Foundation offers a solution to this problem and there is every reason to hope that it will open the way to important results. It also establishes a pattern of support with the dual objectives,—patient assistance and medical research—which it is hoped will be followed increasingly by other donors.

The considerable resources made available by the National Cancer Institute to support patients in the hospital in connection with Dr. Sidney Farber's chemotherapy studies proved of unusual value. By no other means could the knowledge of chemotherapy have been extended so far or so rapidly,—knowledge, by the way, made freely available to all other agencies, public and private, engaged in this field of study. On the human side, numerous children as a result of this grant and through the marvels of chemotherapy, continued to live happy and active lives for varying periods, the possible extent of which cannot yet be foreseen.

The relationship of Harvard University through the Harvard Medical School with the Children's Medical Center had, as always, an important bearing on the extent and quality of the research program as well as on the service which was given to patients. The Children's Medical Center is both a teaching and a research institution, and these functions are carried out in conjunction with the Harvard Medical School. Largely because of this kind of relationship, Boston occupies much the same position that Vienna held fifty years ago, as the medical center of the world and Boston is the mecca for doctors and scientists alike.

The presence of great and distinguished men and the unequaled facilities that exist here provide an atmosphere in which work of the highest quality is performed. Both the Children's Medical Center and the community which it serves are fortunate in the practical and flexible relationship which exists with the Harvard Medical School.

Women's Committee AND THE *Volunteer Service*

In January, 1954, Mrs. Robert H. Hopkins ended three years as Chairman of the Women's Committee of the Children's Medical Center. Under her outstanding leadership the Committee both continued and extended those many and varied activities which make so vital and important a contribution to the operations of the Children's Medical Center. Her successor, Mrs. Robert B. Almy, took office as Chairman following the Committee's annual meeting on January 11, 1954.

During the last year of Mrs. Hopkins' term as Chairman,—the calendar year of 1954, the Committee raised a budget in excess of $22,000 largely the result of the operations of the Gift Shop and of the Lunch Shop at The Children's Hospital, where nearly 103,000 meals were served during the year. A new venture,—The Yankee Bookstall, in the period of 3 days in May 1955 disposed of over 10,000 donated books and cleared nearly $3500.

In addition to supporting such activities as entertaining parents, patients, and Staff on numerous occasions, the Women's Committee financed a number of important projects,—redoing the Admitting Office and Out-Patient Area, renovating the Welfare Library, and furnishing a Language-Study Room for the Adolescent Unit, as well as providing several items of equipment. These were in addition to generous contributions to the Building Fund.

Traditionally, the Women's Committee has financed and operated The Children's Hospital's Volunteer Service which donated no fewer than 41,000 volunteer-hours of service during the year 1954–55,—the equivalent of the full time work of more than one hundred individuals. Impressive as this statistic is, it fails to convey in full measure

the importance of this indispensable service. During the polio emergency of the summer of 1955 especially, it is difficult to see how the Center could possibly have met the demands made on it without the devoted and selfless work of volunteers. When admissions were at their peak and up to 66% of the daily census were polio cases, volunteer hours in August totaled 6014 and 5193 in September.

These figures, however, do not tell the whole story. The Children's Medical Center profits from a substantial amount of voluntary service of which no tally is kept in the form of the number of hours worked. An example would be the uncounted hours put in to produce the very large number of dressings made at home. Similarly a large proportion of the members of the Women's Committee double as volunteers but no count is kept of the time worked in the first capacity.

The Volunteer Service has become so closely integrated and indispensable a part of the operations of the Children's Medical Center that as from October 1, 1955, it was recognized as a full operating department.

The Polio Story

(A Letter Sent Out by the President of The Children's Hospital)

Originally sent out as a circular from the President of The Children's Hospital, —one of the regular trustee letter series, this great story was picked up and reprinted in full on the editorial page of the Boston Globe. So much is it part of the fabric of the Hospital that no apology is needed for repeating it again here.

The names of individuals on the medical staff have been deliberately omitted, for that is the way they prefer it. There must be others,—nurses, physical therapists, employees who may not have received the personal mention that was their due. In particular, perhaps, the members of the Women's Committee, many of them doubling as volunteers, deserve our deepest gratitude for their part.

Remember that this was published on September 13, 1955, before the full toll of the disease was known. In actual fact, this epidemic eventually brought more than 1200 cases to The Children's Hospital while the total number of cases reported in the State amounted to no fewer than 3890.

As this is written, with the Commonwealth's total of polio cases well over 2,000,* there is hope, at last, that the tide is receding. The somber statistics are still at a high daily level but the number of reported cases is declining. At The Children's Hospital this spells some relief from the tremendous strains of the last couple of months which, at every level, have been carried as a matter of course. The Children's Hospital took the first heavy shock of the emergency. It was here, too, that nearly half, perhaps, of the community's cases were admitted. It is difficult for those of us outside to realize,—as I confess I did not until I had heard the full account,—the magnitude of the

part played by The Children's Hospital in the polio epidemic of 1955. With a profound pride, in which we can all humbly share, I give you some of the highlights of the story.

Normally, polio cases occur sporadically throughout the year. There is a definite upsurge of cases in mid-July until toward the early part of September when the number declines. In some way, which no one seems to understand, polio and the height of summer are related. This year on June 24th, seven cases of polio were admitted to the Hospital. This sinister fact of such a large number of admissions on a single day, several weeks earlier than usual, alerted the Staff. It was apparent from the start that this was likely to be a bad year.

Headquarters for New England

The Children's Hospital is the normal receiving station for polio cases,—both child and adult, occurring in the area. It is headquarters for the autonomous Massachusetts Infantile Paralysis Clinics, first founded during the disastrous 1916 epidemic as the Harvard Infantile Paralysis Commission. Irrespectivve of title, the MIPC with its twelve regional clinics serviced from The Children's Hospital, has set world-wide standards for work in polio. MIPC teams have gone to the aid of stricken areas throughout the United States as well as to Europe, notably to Germany in 1946 when the disease hit that unhappy war-torn land. Besides its continuing work both in treatment and rehabilitation of polio victims, instructional courses are given for physicians and others. Furthermore, the Mary MacArthur Respirator Unit at Wellesley with its large scale teaching program, both supported by the National Foundation for Infantile Paralysis, is nationally known for rehabilitation, for research and as a development station and a testing ground for the often very complicated mechanical devices employed in treating polio.

It is at The Children's Hospital and at Wellesley that the regional reserve of respirators, rocking beds, hot pack machines, and so on,—in fact, all the mechanical paraphernalia which is the property of the National Foundation for Infantile Paralysis,—is repaired, serviced, cleaned and held in readiness for just this sort of emergency. Thus any resurgence of polio, even a minor one, would inevitably bring new pressures and strains on the medical and nursing resources of the Hospital, to say nothing of the maintenance and electrical staff whose responsibility it would be to ready all the complex mechanical equipment beyond possibility of breakdown. How intense these pressures and strains were to become at all staff and employee levels was not apparent on that twenty-fourth day of June.

The Emergency

In the ten weeks which have elapsed, some 2,200* cases have been reported in the State, of which well over 600* came from the City of Boston. In that same period, more than 650 polio patients were admitted to The Children's Hospital. These admissions were all "new" cases in contrast to about twenty "old" polios admitted for rehabilitation. At the outset we followed our usual practice and admitted all polios, child and adult alike, irrespective of age.

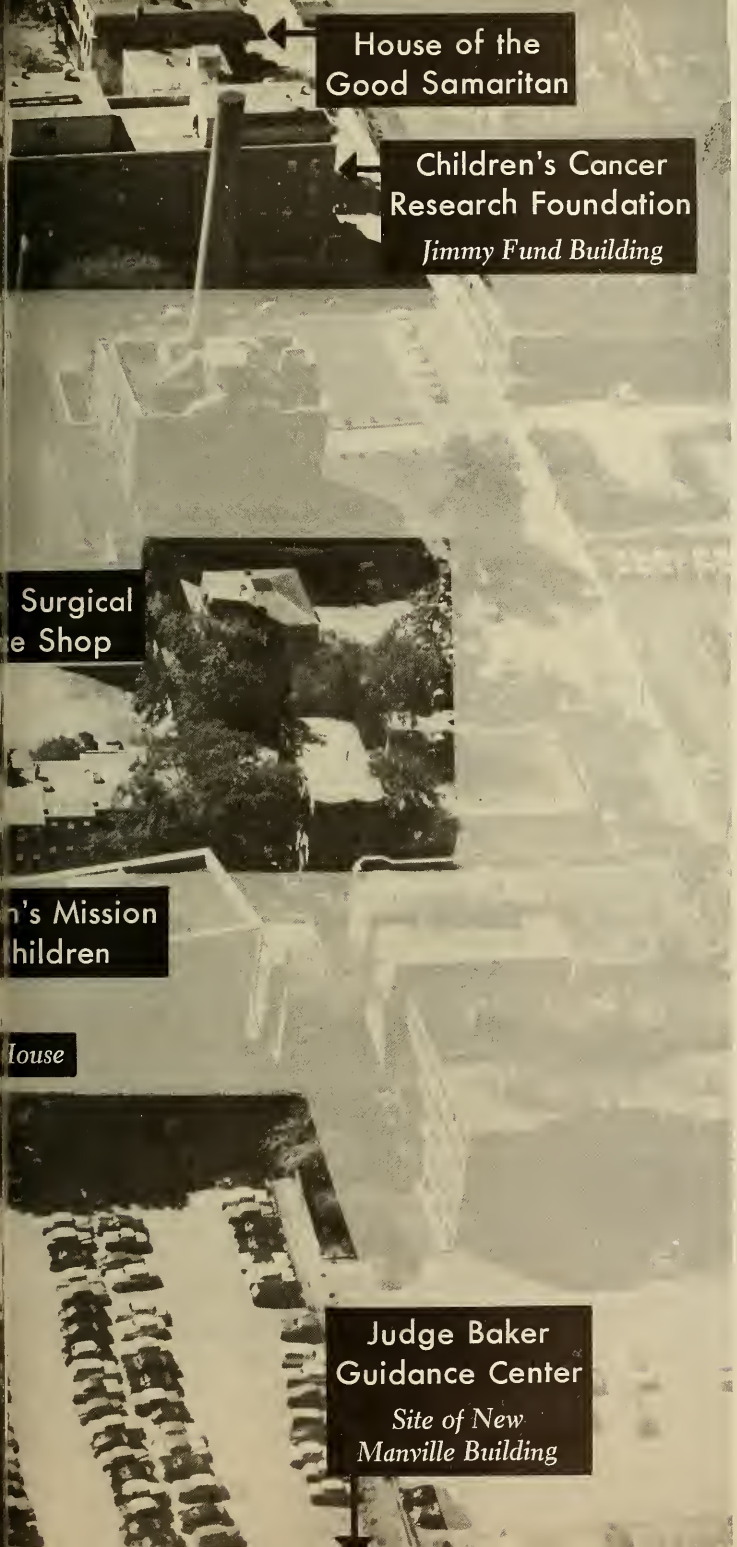
In order to keep as many beds as possible available at The Children's, convalescents were transferred in growing numbers to the Wellesley Convalescent Home where they were accepted with a cheerful disregard both for theoretical capacity and the added burden on nursing resources. At one point, indeed, in addition to patients in the Mary MacArthur Respirator Unit, Wellesley was looking after 39 Children's Hospital convalescents—one more patient than was previously regarded as possible.

As the incidence of the disease spread and patients came in growing numbers, it became necessary first to refer adults to other hospitals which cooperated magnificently by opening polio wards where none had existed before and, later, to send children wherever beds and adequate treatment facilities were available.

Even so, not only did the ratio of polio patients to others rise rapidly but there came a day at the beginning of August when our daily census,—the count of patients in the hospital,—actually exceeded the statistical figure which was regarded as the maximum possible for us to accommodate. On that day our census was 326 patients of whom no less than 63%, or a total of 215, were polios. At one period as many as 22 patients were in respirators. Clearly, such an achievement had called for drastic measures and extraordinary

* See note on final figures above.

Sharon
Cardiovascular Unit
Building C
NEW BUILDING
Children's and
Infants' Hospitals
Research
Building
Charit
Appli
Chil
t
Main Building
Gardi



CHILDREN'S MEDICAL CENTER

All the affiliated units are shown with the exception of the Hospital and Convalescent Home at Wellesley

efforts on the part of all,—staff, employees, volunteers,—in fact, everyone at the Hospital.

All floors in Building C, above the third, and Division 9 in the Bader Building were cleared of patients and opened to polio, while Division 6 in the main building was turned into an isolation ward. The operating rooms were restricted and only the surgery which could not wait was performed. Anaesthetists and nurses from the operating rooms went over immediately to help on the polio wards where the nursing position was already critical.

The emergency isolation admission area on Shattuck Street, which normally has three examining tables amply covered part-time by the resident for isolation and by nurses as required, soon proved quite inadequate for the flood of patients referred by physicians at the rate of nearly forty a day. The lobby and other neighboring areas were promptly taken over and shut off with plywood partitions by our own maintenance crews.

Seven examining tables were provided which were serviced by two full-time residents to screen patients as they came in. One nurse was allotted on 24-hour duty with as many as three more working at any one time. Secretarial work was handled around the clock,—two secretaries by day and one at night.

The isolation admission arrangements included a diagnostic screening service which was of great importance, both medical and psychological. In a time when all parents of young children were gravely troubled, any case presented as possible polio was given diagnostic treatment. About 40% of those brought in were found not to have polio. This great amount of additional diagnostic work added much to the burden, to say nothing of the necessity for the tactful handling of referring physicians.

The Staff Meets It

The strain on our resident staff was tremendous. Residents and internes alike worked every other night throughout, and by this, I mean that they were actually up and on the job all through the night. At all times, day and night, residents and internes, besides carrying out their normal duties, were to be found helping out the nursing staff, particularly with such things as heavy lifting and shifting of beds and heavy equipment.

On the wards, cribs were soon in short supply but we were helped out through the welcome cooperation of the Beth Israel, The House of the Good Samaritan, Wellesley, St. Elizabeth's, The Deaconess, and the Lemuel Shattuck, all of which came quickly to our aid. The shortage of adult beds was made good by a loan of a dozen beds by the E. F. Mahady Company, the surgical supply house, who in a generous and spirited gesture refused to take any payment as a service to the community. By these and other material expedients, the Hospital was able to perform the impossible.

As is usually the case, a substantial proportion of polio admissions were of patients who, when their temperatures had subsided and the conditions common to the contagious phase of the disease had disappeared, showed either little or only a mild degree of paralysis. Some of them could be discharged quickly to home bed care but those who stayed with us, affected perhaps to a lesser degree, presented the employment problem of any active youngster who, feeling pretty well, sees no reason why he should be kept quiet in bed. Exercises must be done, packs applied, therapeutic baths given, in addition to normal nursing,—feeding, washing, bedmaking and so on, all of which required constant attention.

Unhappily, a substantial number of the cases admitted developed a degree of paralysis rendering the patient partially and even totally helpless. It is these unfortunate people who present the heaviest problem to the nursing staff. A respirator patient, for instance, is helpless to the point where he cannot even call for assistance. Night and day alike, care for these people must be unceasing. At peak load 22 patients were in respirators, some of whom needed the constant attention of a nurse with someone in the room at all times.

A great part of the load fell on Miss Cogland's Physical Therapy staff, who responded with extraordinary devotion. Students, for instance, without exception volunteered a week of vacation time without recompense to help in the crisis. Similarly, Social Service under Miss Hall worked long hours, concentrating every effort in an endeavor to visit and talk with the families of all patients admitted to The Hospital irrespective of the point of origin. This involved many hundreds of miles of travel, often to places outside the State.

Understandably, the nursing problem soon became acute. Extra nursing assistance had to be

provided and was drafted wherever it could be found. Other hospitals lent a hand, temporarily releasing nursing staff to us, and nurses were brought over from other areas of the Children's Medical Center. Our own senior student nurses were allowed, with their parents' permission, to work up to four hours paid overtime a week. More trained help would have been more quickly available had it not been for the reluctance of the Public Health Department of the City of Boston to admit that the emergency had reached epidemic proportions. The conventions of public health work and statistics on a city-wide basis may have been on their side, but the fact remains that certain rather well defined areas in Boston were taking it on the chin. Eventually polio publicity, excellently handled by the press, produced the needed assistance. One editorial in particular in the Boston Herald went to show that people do, in fact, read the editorial page! However, polio nursing is a highly specialized art requiring, besides nursing skill and knowledge, a fairly high degree of mechanical aptitude. Even trained nurses, unfamiliar with polio nursing, needed direction and supervision which added to the already heavy task of the regular polio nursing staff,—head nurses in particular putting in perhaps 3 hours a day extra, day after day.

Devoted Volunteers

Around polio wards there are numerous time-consuming tasks which need not take the time and energy of trained nursing staff. Parents, taking advantage of extended visiting hours, helped with their own and other people's children,—feeding, bathing, amusing, prettying the little girls, and so on. As soon as the need was adequately known, The Children's Hospital was never short of dependable, hard-working and competent volunteer help,—men as well as women volunteers took over feeding at breakfast and at noon,—always difficult because they are outside normal visiting hours. They functioned in offices, as ward clerks, and on the inevitable paper work. They folded laundry, —in fact, they stepped in to help anywhere that they could be useful.

During the month of August alone, about 200 individual volunteers put in perhaps 4000 hours of hard-slogging work. There were plenty of them scheduled to work 3 hours who actually put in 7 or who, having undertaken to come once a week, actually came 5 times. Often these things only came to light by chance. No one boasted of them. How can one say "Thank you"? Words hardly seem adequate to express our profound gratitude. At least this devoted group may take pride in the fact that without their aid The Children's Hospital could not have met the emergency as it did.

A particular word of commendation is due Residents and Internes who carried on literally unceasingly. For many of them this meant absence from wives and families. For many too, the extraordinary conditions imposed on the hospital by the epidemic involved truly serious interruption of surgical and other training.

It is perhaps invidious to name names but special thanks must go to Dr. and Mrs. Barton. The former a retired surgeon, undertook to deal quickly and authoritatively with the dozens of telephone inquiries made to the Hospital daily. The latter helped to organize and direct the Volunteer Service.

Three Nurses Stricken

Under the circumstances, it was a bitter coincidence that the Barton's daughter, Joan Barton Grant, should have been a casualty to the disease, one of the three among our student nurses. I am happy to say that she has since been sent home probably without noticeable effect as has Natalia

Roberts, an affiliating student nurse from the Faulkner whom, for these purposes, we claim as our own. The third student nurse, Diana Foster,* has the paralytic type and is in a respirator. To her we offer our deepest sympathy,—a casualty in a brave and well-fought fight.

Because polio patients of all ages are admitted, perhaps it need not be surprising that there should have been three babies born in The Children's Hospital,—one pair of twins and a single birth. The deliveries were successfully accomplished, even though in one case mechanical assistance had to be given throughout to the respiration of the mother. One of the two mothers, on leaving, paid us the compliment of saying that, while she had had babies in other hospitals, never had she had such good post-partum care as in The Children's!

In all, about 1100 patients were admitted for possible polio. The numbers finally diagnosed as polio exceeded those so diagnosed in the other bad years,—1949, 1935 and 1929. Mortality, however, has dropped—from 14.2% in 1929 to less than 2% this year.

Beyond the Call of Duty

As the emergency grew in intensity, inroads were made on the regional reserve stock of equipment,—respirators, hot-pack machines and so on. At once the National Foundation for Infantile Paralysis sent out calls to less affected areas for whatever equipment they could spare for the stricken Boston area. Most of this equipment was handled through The Children's Hospital which acted, as usual, as a receiving station. Our maintenance crews received the equipment as it came in, repaired and serviced it and then saw that it was reshipped to other hospitals in New England. Some fifty respirators and twenty-two hot-pack machines,—wheeled electrically-heated tanks capable of delivering hot steamed towels at the patient's beside—were dealt with in this way. Each respirator, by the way, weighs from 1400 to nearly 2000 lbs. and is a complex and cumbersome piece of electrical machinery. Although no count was kept, it is likely that from first to last at least two hundred thousand pounds weight of equipment was handled.

* As of March 1956, we are happy to report that Diana Foster has since returned home and has just taken her State Board examinations in Nursing.

For nearly a month, the entire time of the Maintenance Shop was devoted to work connected with polio. Apart from the considerable amount of time devoted to keeping respirators in perfect working order, this has included the joinery, painting and plumbing involved in fitting out new patient areas and extending isolation reception facilities.

Our laundry early went on a seven-day week. Throughout the hottest summer on record, when temperatures in the laundry frequently touched 120 degrees, the employees carried unquestionably on with wonderful spirit under the inspired leadership of Mr. Leavis. Our hats go off to all the men and women of our Maintenance and Housekeeping Services. To Mr. Nichols, Mr. Dykes, Mr. Leavis and Mr. Dickey, and to their devoted crews—our warmest thanks for jobs well done beyond the call of duty.

Hurricane Worries

All who had to spend the summer here will agree, I am sure, that it ranked for heat and humidity among the most unpleasant in memory. What this meant to patients sweltering in respirators as well as to hard pressed staff can only be imagined. However, we can be thankful that neither Hurricane Connie nor Diane came our way. Although the torrential rains in the wake of the latter flooded cellars, halted elevators and demanded the willing help of the Boston Fire Department to pump us out, we suffered no real damage.

There was, of course, some anxiety as to whether we had all the needed standby services, both at Longwood Avenue and at Wellesley. We wanted no repetition of last year's hurricane experience when Wellesley's power failed and respirators had to be hand pumped until it was restored. Standbys, however, are checked daily and we were confident in our ability to withstand any blow. This confidence was strengthened by a recent experience at Wellesley when city power was cut for about 25 minutes and the standbys cut in so promptly and efficiently that no one but the maintenance staff was aware that there had been a break.

The Future?

There is a visible decline in the incidence of new cases. Hope grows that the end of this

epidemic of 1955 may be in sight. There will, no doubt, be progressively fewer admissions to The Children's Hospital. But these things only mean that we are entering on a new phase. For us here an epidemic does not end when it goes off the front pages. For some time to come we shall carry a preponderance of polio cases. The truly severely affected will be with us at 300 Longwood Ave., or at Wellesley, for perhaps another couple of years; the less hard hit for varying periods. All who suffered anything more than a minor degree of paralysis will require aftercare for the rest of their lives.

About half the total cases were paralytic of which about one-third will be so slightly affected as not to need aftercare. Out of the total number of polio cases approximately 40% will need aftercare in greater or less degree. The majority of those who were patients here will probably come to us for aftercare while we can be rather sure of a substantial number of referrals from other hospitals. After all, The Children's Hospital with its great fund of experience offers the best to be had.

The emphasis will be on rehabilitation, including those who are condemned to live out their lives in respirators. Understandably, these patients represent a psychiatric as well as physical problem, and they will have to undergo possibly two years of special handling, training and rehabilitation before they can go home. However, for the first time, the Commonwealth has admitted a responsibility for this kind of long-term care. We believe their advent in the field is right and we welcome this form of public aid,—a development which we shall be called on to guide and aid.

At a time like this it is inevitable that questions regarding control of this dreadful thing should be uppermost in our minds. The achievements of Dr. Enders and his colleagues put eventual control in our grasps. It is a sorry coincidence that in this, the first year of an anti-polio vaccine, we should experience a regional epidemic. We should all like to know now how successful to date the known control measures,—the vaccine and gamma globulin,—have been in the war on the disease.

It will be some time before any sort of answers can be given to these difficult questions. A mass of statistical detail must be gathered and correlated. All the complexities of circumstance surrounding each individual case must be evaluated and related to the whole. In the meanwhile, virus studies are the rule for all patients who received either Salk or gamma globulin injections. The methods of making these studies are, of course, based on those developed by Dr. Enders and his team. New rapid techniques have been achieved in Dr. Enders' laboratory making virus isolation possible within 48 hours. Compare this with the pre-Enders days, only a year or so back, when literally months often elapsed before the answer to a virus check was available.

This, then, is the story of these past ten weeks. We can be very proud of our Hospital. But remember, for The Children's Hospital this episode is by no means ended. Indeed, it is scarcely begun. Aftercare and rehabilitation will absorb the time and energies of staff to say nothing of physical and financial resources for years to come. And in our labs the increasing war on the virus will continue until the utmost in control is ultimately achieved.

The Children's Medical Center

Consolidated Balance Sheet (condensed) as of September 30, 1955
(Including all units. All figures to the nearest $1,000 to the book figures.)

Assets

Cash on hand and in banks	$1,462,000	
Accounts Receivable Patients	1,205,000	
Accounts Receivable Institutions	494,000	
Investments—Stocks and Bonds at cost	5,196,000	
Inventories—Supplies	127,000	
Accrued Items—Prepaid Insurance etc.	102,000	
Total General Fund Assets		$ 8,586,000
Temporary Funds for designated Purpose		1,251,000
Restricted Endowment—Stocks and Bonds at cost		6,926,000
Plant Assets at cost less depreciation		4,480,000
Building Funds—Cash and Securities		5,851,000
Total Assets		$27,094,000

Liabilities

Accounts Payable	$ 87,000	
Accrued Payroll and other items	101,000	
Notes Payable—Children's Cancer Research Building	425,000	
General Fund Capital	7,973,000	
Total General Fund Liabilities		$ 8,586,000
Temporary Funds for designated Purpose		1,251,000
Restricted Endowment Funds		6,926,000
Plant Capital		4,480,000
Building Commitments		5,851,000
Total Liabilities		$27,094,000

	1953–54	*1954–55*
Patient Days	104,658	103,537
Admissions	9,720	10,455
Outpatient Visits	75,981	83,764
Average Daily Census	287	283
Average Stay (Children's and Infants' Hospitals only)	8.25	7.97

Of Wills AND *Bequests* · · ·

Endowment funds, particularly those which can be used at the discretion of the Trustees, are of great importance in the financial structure of the Children's Medical Center and of the various affiliated units which comprise it. Their existence permits long term planning with greater effectiveness and economy in operation.

The endowment of the affiliates of the Children's Medical Center, from which most of the unrestricted income is derived, has been built over the years largely through the bequests of generous friends. Some of those legacies have been in rather modest amounts, but, irrespective of size, every one of them represents thoughtfulness and understanding of the most pressing need of each and all of the affiliated units of the Children's Medical Center.

The process of making a bequest to the Children's Medical Center or to one of the affiliates named below is very simple:

First, if you have already made a will, a provision can very easily be added by your counsel. Outline your wishes to him and he will do all that is necessary.

Second, if, as is sometimes done, you have drawn your own will, you may wish to add a provision yourself. If, however, you need any advice or assistance talk with your attorney or with your bank.

Third, in the case of a fund established by will or by a trust instrument which leaves any discretion to those holding the fund, it is particularly important to consult counsel if you wish to change these provisions or limit the way in which the trustees' discretion may be exercised.

Lastly, if you have not made a will, may we suggest that when the time comes to attend to this important matter, you remember to include the Children's Medical Center or any of the affiliated units as a beneficiary of your estate. Your counsel or your bank would certainly be happy to advise you.

The Treasurer of the Children's Medical Center can be reached at the Corporation office at 45 Milk Street, Boston (HU 2-6120). He will be able to advise you regarding the correct legal designation of any of the units and in regard to methods of naming the Children's Medical Center or any of the affiliates as a beneficiary of your estate.

The Children's Medical Center, 300 Longwood Avenue, Boston

The Children's Hospital, 300 Longwood Avenue, Boston

Infants' Hospital, 300 Longwood Avenue, Boston

Charitable Surgical Appliance Shop, 1 Blackfan Street, Boston

The Hospital and Convalescent Home for Children, 251 Forest Street, Wellesley

Association of the House of the Good Samaritan, 25 Binney Street, Boston

The Sharon Sanatorium, 300 Longwood Avenue, Boston

The Children's Mission to Children, 320 Longwood Avenue, Boston

Children's Cancer Research Foundation, Inc., 35 Binney Street, Boston

Judge Baker Guidance Center, 38 Beacon Street, Boston

The Children's Medical Center

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Sidney Kibrick, M.D. *Research Associate*
Anna Mitus, M.D. *Research Associate*
Thomas Weller, M.D. *Research Associate*

Tumor Therapy Division

Virginia Downing, M.D. *Associate Physicians*
Rudolf Toch, M.D.
Harry Shwachman, M.D. *Visiting Physician*

CONSULTANTS

Benjamin Alexander, M.D. *Medicine*
Donald L. Augustine, M.D. *Comparative Pathology*
Joseph S. Barr, M.D. *Orthopaedic Surgery*
Leo Berman, M.D. *Psychiatry*
Hathorn P. Brown, M.D. *Urology*
C. Sidney Burwell, M.D. *Medicine*
Allan M. Butler, M.D. *Medicine*
Paul A. Chandler, M.D. *Ophthalmology*
Austin W. Cheever, M.D. *Dermatology*
Stanley Cobb, M.D. *Neurology*
David G. Cogan, M.D. *Ophthalmology*
Gustave Dammin, M.D. *Pathology*
Edwin B. Dunphy, M.D. *Ophthalmology*
J. Englebert Dunphy, M.D. *Surgery*
Lewis Dexter, M.D. *Medicine*
Harry Eagle, Ph.D. *Microbiology*
Kendall Emerson, M.D. *Medicine*
Albert B. Ferguson, M.D. *Radiology*
Jacob Fine, M.D. *Anesthesiology*
Chester N. Frazier, M.D. *Dermatology*
Gustave Freeman, M.D. *Biology*
Jacob Furth, M.D. *Experimental Pathology*
J. Hartwell Harrison, M.D. *Urology*
Arthur Hertig, M.D. *Pathology*
William R. Hill, M.D. *Dermatology*
William W. Howells, Ph.D. *Anthropology*

Consultants (continued)

Otto Krayer, M.D.	*Pharmacology*
Eugene M. Landis, M.D.	*Physiology*
Samuel A Levine, M.D.	*Medicine*
Walter E. Lever, M.D.	*Dermatology*
Francis D. Moore, M.D.	*Surgery*
Francis C. Newton, M.D.	*Surgery*
Duncan Reid, M.D.	*Obstetrics*
Leroy A. Schall, M.D.	*Otolaryngology*
Arnold Seligman, M.D.	*Biochemistry*
Murray Shear, M.D.	*Biochemistry*
Albert Sloane, M.D.	*Ophthalmology*
Merrill C. Sosman, M.D.	*Radiology*
Somers H. Sturgis, M.D.	*Gynecology*
George W. Thorn, M.D.	*Medicine*
Frederick H. Verhoeff, M.D.	*Ophthalmology*
Carl W. Walter, M.D.	*Surgery*
Shields Warren, M.D.	*Pathology*
Louis Weinstein, M.D.	*Infectious Diseases*
David Weisberger, M.D.	*Stomatology*
Conrad Wesselhoeft, M.D.	*Infectious Diseases*
James L. Whittenberger, M.D.	*Physiology*
George Wislocki, M.D.	*Anatomy*
Paul Yakovlev, M.D.	*Neuropathology*
Grantley Taylor, M.D.	*Neoplastic Diseases*

EMERITI

J. Lewis Bremer, M.D.	*Consultant in Embryology, Emeritus*
Bronson Crothers, M.D.	*Physician, Emeritus*
George D. Cutler, M.D.	*Associate Surgeon, Emeritus*
James L. Gamble, M.D.	*Physician, Emeritus*
Lewis W. Hill, M.D.	*Physician, Emeritus, and Allergist, Emeritus*
Eliot Hubbard, Jr., M.D.	*Physician, Emeritus*
William E. Ladd, M.D.	*Surgeon-in-Chief, Emeritus*
Charles G. Mixter, M.D.	*Consultant in Surgery, Emeritus*
Frank R. Ober, M.D.	*Orthopaedic Surgeon-in-Chief, Emeritus*
Robert B. Osgood, M.D.	*Orthopaedic Surgeon-in-Chief, Emeritus*
James W. Sever, M.D.	*Orthopaedic Surgeon, Emeritus*
Richard M. Smith, M.D.	*Physician-in-Chief, Emeritus*
Edwin T. Wyman, M.D.	*Physician, Emeritus*

Infants' Hospital

Charles A. Janeway, M.D.	*Physician-in-Chief*
Clement A. Smith, M.D.	*Chief, Infants' Division*
Stewart H. Clifford, M.D.	*Chief, Premature Division*

The Hospital and Convalescent Home for Children, Wellesley Hills

Henry E. Gallup, M.D.	*Physician-in-Chief*
Mrs. Gladys M. Conner	*Superintendent*

MARY MACARTHUR MEMORIAL RESPIRATOR UNIT

William T. Green, M.D.	*Medical Director*
Charles A. Janeway, M.D.	*Associate Medical Director*
Arthur W. Trott, M.D.	*Orthopaedic Surgeon, Assistant to Medical Director and Co-ordinating Medical Officer*
Benjamin Ferris, M.D.	*Physician and Director of Respiratory Laboratory*
David S. Grice, M.D.	*Orthopaedic Surgeon*
Henry H. Banks, M.D.	*Orthopaedic Surgeon*
Carlyle G. Flake, M.D.	*Otolaryngologist*
Charles Ferguson, M.D.	*Associate Otolaryngologist*
E. B. D. Neuhauser, M.D.	*Roentgenologist*
Martin Wittenborg, M.D.	*Associate Roentgenologist*
Robert E. Gross, M.D.	*Surgeon*
Franc D. Ingraham, M.D.	*Neurosurgeon*
Donald E. Matson, M.D.	*Associate Neurosurgeon*
Robert Smith, M. D.	*Anesthetist*
Sidney Farber, M.D.	*Pathologist*
Eric Glud, M.D.	*Psychiatrist*
Stanley Cath, M.D.	*Assistant Psychiatrist*
Leo Berman, M.D.	*Consultants in Psychiatry*
Lydia Dawes, M.D.	
George Gardner, M.D.	
Howard Blaine	*Clinical Psychologist*
Joseph P. Lord, Ph.D.	*Consultant in Psychology*
James Whittenberger, M.D.	*Consultant in Physiology*
Hathorn Brown, M.D.	*Urologist*
Paul Losch, D.D.S.	*Dentist*

* Appointments to The Children's Hospital are considered as being to Infants' Hospital as well.

Nursery School of the Cerebral Palsy Unit

William Berenberg, M.D. — *Chairman of the Cerebral Palsy Unit*
Miss Eloise Maloney — *Principal of the School*

Association of the House of the Good Samaritan

Medical and Surgical Staffs

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James M. Faulkner, M.D.
Richard M. Smith, M.D.
William D. Smith, M.D.
Paul D. White, M.D.

Medical Staff

Howard B. Sprague, M.D. — *Chief of Staff*

Visiting Physicians

Edward F. Bland, M.D.
*T. Duckett Jones, M.D.
Benedict F. Massell, M.D.
Alexander S. Nadas, M.D.
Charles A. Janeway, M.D.
David D. Rutstein, M.D.
George P. Sturgis, M.D.
Conger Williams, M.D.
†J. Wallace Zeller, M.D.
Sylvester McGinn, M.D.

Assistant Visiting Physicians

James W. Dow, M.D.
Allan L. Friedlich, M.D.
Edwin O. Wheeler, M.D., USPHS
Sprague W. Hazard, M.D.

Dentist

C. Kenneth Lasher, D.M.D.

Medical Research Department

Benedict F. Massell, M.D. — *Research Director*

Research Associates

George P. Sturgis, M.D.
Melvin H. Kaplan, M.D.
Joseph M. Miller, M.D.
Eliot Young, M.D.
John Crigler, M.D.
Sujoy B. Roy, M.D.

Research Fellows

Florence E. Mayer, M.D.
Robert Goebel, M.D.
Jacqueline Labesse, M.D.
Samuel L. Stancer, M.D.
Carrol Butler, M.D.
Theodore Mottu, M.D.
Evangelia Zervopoulis, M.D.

Consulting Staff

Edward D. Churchill, M.D. — *Cardiac Surgeon*
Trygve Gunderson, M.D. — *Ophthalmologist*

* Deceased
† Resigned
‡ Leave of Absence

Surgeons
Robert A. Gross, M.D.
John Spellman, M.D.
Grantley W. Taylor, M.D.

Orthopaedic Surgeons
William T. Green, M.D.
Robert H. Morris, M.D.

Otolaryngologists
Carlyle G. Flake, M.D.
John R. Richardson, M.D.

Pathologist
Sidney Farber, M.D.

Pediatrician
Charles A. Janeway, M.D.

Radiologists
E. B. D. Neuhauser, M.D.
Martin Wittenborg, M.D.

Donald C. Fyler, M.D.
July, 1954 – July, 1955
Kareem B. Minhas, M.D.
} *Resident Physicians*

Elma J. Hussey, R.N. *Superintendent*
Sarah L. Still, R.N. *Assistant Superintendent*

The Children's Mission to Children

William Pfeffer, Jr., M.D. *Medical Director*
Mrs. Anne W. Cochintu, B.S., M.S.S. *General Secretary*

The Sharon Sanatorium

(The Sharon Cardiovascular Unit)

Robert E. Gross, M.D. *Surgeon*
Alexander S. Nadas, M.D. *Cardiologist*

Judge Baker Guidance Center

George E. Gardner, Ph.D., M.D. *Director*

Psychiatrists

Irving Kaufman, M.D. *Chief*

Chester D'Autremont, M.D.
John C. Coolidge, M.D.
Alice Fleming, M.D.
Abraham Fineman, M.D.
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Robert A. Young, Ed.D.
Laura B. Heins, M.A.
David Ulrich, M.A.

Psychiatric Social Workers

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Joan Herrick, M.S.S.
Eleanor Rosenblum, M.S.S.
Mary Lou Silver, M.S.S.
Beatrice Talbot, M.S.S.
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Beatrice Simcox
Nancy Staver, M.S.S.
Mary Waring, M.S.S.

RESEARCH DEPARTMENT

Samuel Waldfogel, Ph.D. *Director*
Mildred Dewey, M.S.S. *Executive Secretary*

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